

# CLAIMS ONLY

Application Number

10/710 978

Filing Date

08/09/04

Applicant(s)

\* May be used for additional claims or amendments

| CLAIMS | AS FILED |        | AFTER FIRST AMENDMENT |        | AFTER SECOND AMENDMENT |        |
|--------|----------|--------|-----------------------|--------|------------------------|--------|
|        | Indep    | Depend | Indep                 | Depend | Indep                  | Depend |
| 1      |          |        |                       |        |                        |        |
| 2      |          |        |                       |        |                        |        |
| 3      |          |        |                       |        |                        |        |
| 4      |          |        |                       |        |                        |        |
| 5      |          |        |                       |        |                        |        |
| 6      |          |        |                       |        |                        |        |
| 7      |          |        |                       |        |                        |        |
| 8      |          |        |                       |        |                        |        |
| 9      |          |        |                       |        |                        |        |
| 10     |          |        |                       |        |                        |        |
| 11     |          |        |                       |        |                        |        |
| 12     |          |        |                       |        |                        |        |
| 13     |          |        |                       |        |                        |        |
| 14     |          |        |                       |        |                        |        |
| 15     |          |        |                       |        |                        |        |
| 16     |          |        |                       |        |                        |        |
| 17     |          |        |                       |        |                        |        |
| 18     |          |        |                       |        |                        |        |
| 19     |          |        |                       |        |                        |        |
| 20     |          |        |                       |        |                        |        |
| 21     |          |        |                       |        |                        |        |
| 22     |          |        |                       |        |                        |        |
| 23     |          |        |                       |        |                        |        |
| 24     |          |        |                       |        |                        |        |
| 25     |          |        |                       |        |                        |        |
| 26     |          |        |                       |        |                        |        |
| 27     |          |        |                       |        |                        |        |
| 28     |          |        |                       |        |                        |        |
| 29     |          |        |                       |        |                        |        |
| 30     |          |        |                       |        |                        |        |
| 31     |          |        |                       |        |                        |        |
| 32     |          |        |                       |        |                        |        |
| 33     |          |        |                       |        |                        |        |
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| 37     |          |        |                       |        |                        |        |
| 38     |          |        |                       |        |                        |        |
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| 40     |          |        |                       |        |                        |        |
| 41     |          |        |                       |        |                        |        |
| 42     |          |        |                       |        |                        |        |
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| 48     |          |        |                       |        |                        |        |
| 49     |          |        |                       |        |                        |        |
| 50     |          |        |                       |        |                        |        |
| Total  |          |        |                       |        |                        |        |
| Indep  | 3        |        |                       |        |                        |        |
| Total  |          |        |                       |        |                        |        |
| Depend | 17       |        |                       |        |                        |        |
| Total  |          |        |                       |        |                        |        |
| Claims | 20       |        |                       |        |                        |        |

|        | Indep | Depend | Indep | Depend | Indep | Depend |
|--------|-------|--------|-------|--------|-------|--------|
| 51     |       |        |       |        |       |        |
| 52     |       |        |       |        |       |        |
| 53     |       |        |       |        |       |        |
| 54     |       |        |       |        |       |        |
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| 87     |       |        |       |        |       |        |
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| 89     |       |        |       |        |       |        |
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| 97     |       |        |       |        |       |        |
| 98     |       |        |       |        |       |        |
| 99     |       |        |       |        |       |        |
| 100    |       |        |       |        |       |        |
| Total  |       |        |       |        |       |        |
| Indep  |       |        |       |        |       |        |
| Total  |       |        |       |        |       |        |
| Depend |       |        |       |        |       |        |
| Total  |       |        |       |        |       |        |
| Claims |       |        |       |        |       |        |